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Bib Data Sheet

CONFIRMATION NO. 9658

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 09/910,399 | FILING DATE 07/20/2001 RULE | CLASS 422 | GROUP ART UNIT 1743 | ATTORNEY DOCKET NO. 961_006 |
|-----------------------------|-----------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

Michael W. LaCourt, Spencerport, NY;
 James David Shaw, Hilton, NY;
 Michael Avdenko, Rochester, NY;
 Lee William David, Penfield, NY;
 Dale Robert Ryan, Fairport, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/05/2001

| | | | | | |
|---------------------------------|--|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | NY | 9 | 73 | 4 |
| Verified and Acknowledged | <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials | | | | |

ADDRESS

20874

TITLE

Auxiliary sample supply for a clinical analyzer

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| FILING FEE RECEIVED 1744 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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